



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600002

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOHAWK TRAIL HOSPITALITY, INC

DOING BUSINESS AS THE CHARLEMONT INN

ADDRESS 107 MAIN ST

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: SHIMANDLE,
LINDA

TYPE OF LICENSE: Innholder

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ENTIRE FIRST FLR & SECOND FLR. OF THE INN AT CHARLEMONT. FIRST FLR;
STAGECOACH TAVERN, PARLORS, DINING ROOM. SECOND FLOOR, SECOND PARLORS
PORCH DINING ROOM AND PATIO TWO

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600005

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: MOHAWK PARK CORPORATION

DOING BUSINESS AS MOHAWK PARK

ADDRESS 559 TEA STREET

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: FANTUCCHIO,
PAUL R.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

TWO DINING ROOMS, COCKTAIL LOUNGE, KITCHEN ON FIRST FLOOR, CELLAR FOR STORAGE; 2 PORCHES ON EAST SIDE OF BLDG; 1 PORCH ON WEST SIDE.

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EMPLOYER IDENTIFICATION NUMBER:

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600009

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: BERKSHIRE EAST SKI RESORT LLC

DOING BUSINESS AS

ADDRESS SOUTH RIVER ROAD

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: SCHAEFER, ROY
A.

TYPE OF LICENSE: General on
premise

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

MAIN LODGE AND WEST LODGE

I hereby certify and swear under penalties of perjury that:

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DATE:

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LICENSE NUMBER: 018600014

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: JONCAR, INC

DOING BUSINESS AS VALLEY VIEW FARM

ADDRESS WARFIELD RD

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: GLAZE, JOHN W.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

DINING ROOMS ON TWO FLOORS OF RESTAURANT AND A DECK MEASURING 27'X24'.
ALSO A 48' X 88' TENT OR PAVILLION NEXT TO THE RESTAURANT WHICH WE USE FOR
FUNCTIONS.

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TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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LICENSE NUMBER: 018600015

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CRAB APPLE WHITEWATER, INC

DOING BUSINESS AS

ADDRESS ROUTE 2

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: MOONEY,
JENNIFER L.

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE STORY STRUCTURE WITH PATIO ON ROUTE 2; COUNTER AREA, DINING RM,
BANQUET ROOM AND STORAGE ON ONE FLOOR

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DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600017

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: COLD RIVER INC.

DOING BUSINESS AS COLD RIVER PACKAGE STORE

ADDRESS 31 MAIN ST

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: WHITE, PETER A. TYPE OF LICENSE: Package Store CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

32X16 FT BUILDING. ONE ROOM ON THE FIRST FLOOR WITH FULL BASEMENT USED AS
A WINE CELLAR AND STORAGE AREA ALL CONTAINED IN A ONE STORY BUILDING

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DATE:

TELEPHONE NUMBER:

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600018

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: SONIVYA, INC

DOING BUSINESS AS 4 FAMILY

ADDRESS MAIN STREET

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: GROSS,

TYPE OF LICENSE: Package Store

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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LICENSE NUMBER: 018600019

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

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CLASS

YEAR

LICENSEE NAME: OTTERS RESTAURANT INC.

DOING BUSINESS AS OTTERS

ADDRESS ROUTE 2

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: AHERN, JENNIFER TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR DINING ROOM, COCKTAIL LOUNGE AND BAR, BASEMENT ROOM AND
COCKTAIL LOUNGE

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OFF-PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 018600020

CITY OR TOWN CHARLEMONT

APPLICATION FOR RENEWAL:

Annual

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CURTIS COUNTRY STORE, INC

DOING BUSINESS AS

ADDRESS 159 MAIN ST

CITY/TOWN: CHARLEMONT

STATE: MA

ZIP CODE: 01339

MANAGER: SMITH, JENNA

TYPE OF LICENSE: Package Store

CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

FIRST FLOOR WITH ADDITIONAL STORAGE IN BASEMENT

I hereby certify and swear under penalties of perjury that:

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